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APPLICANTS

Xiangsheng Zheng, Birmingham, AL;
 Michael E. Benser, Birmingham, AL;
 Raymond E. Ideker, Birmingham, AL;
 Gregory P. Walcott, Wilsonville, AL;
 Steven D. Girouard, Woodbury, MN;

**** CONTINUING DATA *******

This application is a DIV of 09/827,535 04/06/2001 PAT 6,662,045 which claims benefit of 60/196,722 04/13/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/04/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	AL	9	10	1
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Kenneth D. Sibley
 Myers Bigel Sibley & Sajovec
 Post Office Box 37428
 Raleigh, NC27627

TITLE

Inter-atrial septum electrode for atrial defibrillation

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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